

EXHIBIT 1

Excerpts from the Deposition of
Jay W. Heinecke, M.D.
Dated July 17, 2019

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4 Videotaped Deposition of
5 JAY W. HEINECKE, M.D., Volume I, taken on behalf of
6 Plaintiffs, at Winston & Strawn LLP, 101 California
7 Street, San Francisco, California 94111, beginning
8 at 8:04 a.m. and ending at 4:12 p.m., on July 17,
9 2019, before MARY J. GOFF, California
10 Certified Shorthand Reporter No. 13427.

1 APPEARANCES:
2
3 For Plaintiffs
4 COVINGTON & BURLING
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For Defendants
Winston & Strawn
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1 APPEARANCES CONTINUED:

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4 Windells Marx Lane & Mittendorf
5 BY: CONSTANCE HUTTNER, ESQ.
6 Attorney at Law
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9 (appeared via phone)

14 ALSO PRESENT: Joseph T. Kennedy, Amarin EVP, GC
15 Videographer:
16 Marcus Majers

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1 San Francisco, California	10:20	1 With me is my colleague, Eric	08:04
2 July 17, 2019	10:20	2 Sonnenschein; and Joe Kennedy of Amarin	08:04
3 8:04 a.m.	10:20	3 Pharmaceuticals.	08:04
4 10:20		4 MR. REIG-PLESSIS: I'm Eimeric Reig of	08:04
5 THE VIDEOGRAPHER: Good morning. This is	08:02	5 Winston & Strawn, on behalf of the Hikma Defendants	08:04
6 the start of media labeled No. 1 of the video	08:02	6 and the witness.	08:04
7 recorded deposition of Dr. Jay W. Heinecke, in the	08:02	7 THE VIDEOGRAPHER: And has anyone joined	08:04
8 matter of Amarin Pharma, Inc., et al, versus Hikma	08:03	8 on the phone yet?	08:04
9 Pharmaceuticals USA Inc., et al., in the United	08:03	9 MR. REIG-PLESSIS: I don't think so.	08:04
10 States District Court, District of Nevada,	08:03	10 MR. SIPES: Okay. Great.	08:04
11 Case No.: 2:16-cv-02525-MMD-NJK; Consolidated	08:03	11 JAY W. HEINECKE, M.D.,	08:04
12 with: 2:16-cv-02562-MMD-NJK.	08:03	12 being first duly sworn or affirmed to testify to the	08:04
13 This deposition is being held at Winston &	08:03	13 truth, the whole truth, and nothing but the truth,	08:04
14 Strawn, 101 California Street, San Francisco,	08:03	14 was examined and testified as follows:	08:04
15 California, on July 17, 2019, at approximately	08:03	15 EXAMINATION	08:04
16 8:04 a.m.	08:03	16 BY MR. SIPES:	08:04
17 My name is Marcus Majers. I'm the legal	08:03	17 Q Good morning. Thank you for coming in	08:04
18 video specialist from TSG Reporting, Inc.,	08:03	18 this morning.	08:04
19 headquartered at 747 Third Avenue, New York,	08:03	19 Could you please state your name and spell	08:04
20 New York. The court reporter is Mary Goff, in	08:03	20 it for the record?	08:04
21 association with TSG Reporting.	08:03	21 A Yes. My name is Jay Walter Heinecke,	08:04
22 Will all counsel present please introduce	08:04	22 H E I N E C K E; J A Y; Walter, W A L T E R.	08:04
23 themselves.	08:04	23 Q And where do you reside?	08:04
24 MR. SIPES: Christopher Sipes of Covington	08:04	24 A I reside in Seattle, Washington.	08:04
25 & Burling LLP, on behalf of the Plaintiff.	08:04	25 Q And you are currently employed?	08:04

Page 10		Page 11	
1 A I'm currently provide by the University of Washington.	08:04	1 that fair?	08:05
2 Q And what is your work address?	08:04	2 A Yes.	08:05
3 A My work address would be the University of Washington, 850 Republican Street, Seattle 98109.	08:05	3 Q This is not an endurance test. If at some time you need a break, let me know and we'll try to endeavor to find a good breaking point for you.	08:05
4 Q Okay. Have you been deposed before?	08:05	5 A Okay.	08:05
5 A I have never been deposed as an expert witness.	08:05	6 Q You understand that the court reporter is taking down a transcript, so you'll need to answer audibly with verbal responses?	08:05
6 Q You have been deposed as a fact witness?	08:05	7 A I do.	08:06
8 A As a what?	08:05	8 Q Also, you -- your counsel may from time to time object, but you'll need to answer the questions, if you understand them, unless you're instructed not to answer by counsel.	08:06
9 Q Have you been deposed as a fact witness?	08:05	9 A Do you understand?	08:06
10 A Have you ever been deposed in any capacity?	08:05	10 A I understand.	08:06
11 Q Okay. How many times?	08:05	11 Q Is there any reason why you cannot give complete and truthful testimony today?	08:06
12 A One time.	08:05	12 A No, not that I'm aware after.	08:06
13 Q Okay. I will go through the rules. I suspect you -- you know them, having been through it.	08:05	13 Q Okay. And as far as you're -- you don't have any medical condition or medications that might interfere with your ability to answer truthfully?	08:06
14 A Yes.	08:05	14 A No.	08:06
15 Q If you don't understand a question, please let me know and I will attempt to clarify it.	08:05	15 Q Let me hand to you three documents that have been marked as Exhibits 1, 2, and 3 in the	08:06
16 Otherwise, I will assume that you understood it; is	08:05		
Page 12		Page 13	
1 case.	08:06	1 Q We can go through them one at a time, I --	08:07
2 (Exhibit 1 was marked for identification and is attached to the transcript.)	08:06	2 A Okay.	08:07
3 (Exhibit 2 was marked for identification and is attached to the transcript.)	08:06	3 Q -- think is easiest.	08:07
4 (Exhibit 3 was marked for identification and is attached to the transcript.)	08:06	4 A Fine.	08:07
5 A Okay.	08:06	5 Q And Exhibit 1 is the -- your opening report --	08:07
6 Q (BY MR. SIPES) Do you recognize Exhibits 1, 2, and 3 as the reports that you prepared in this case? Since you have Exhibit 1 in your hands, if you would turn to page 241 of Exhibit 1, if you're looking for your signature.	08:06	6 A Yes.	08:07
7 A Yes --	08:07	7 Q -- in this case, correct?	08:07
8 Q -- on page 241 of Exhibit 1?	08:07	8 And you have signed it on or about	08:07
9 A -- that's my signature on --	08:07	9 March 11 of 2019?	08:07
10 Q And you -- why don't we deal with Exhibit 1.	08:07	10 A Yes.	08:07
11 A You --	08:07	11 Q And you understand that you -- you signed your expert report under penalty of perjury?	08:07
12 Q You have got it in front of you.	08:07	12 A Yes.	08:07
13 A Yeah. Yeah.	08:07	13 Q And did you endeavor to make what you stated in your opening report -- and first of all, is it all right if we refer to your -- Exhibit 1 as your opening report?	08:08
14 Do I need to look at the signatures on the other ones as well?	08:07	14 A That's fine.	08:08
		15 Q And did you endeavor to -- to make your statements in Exhibit 1 to be as truthful and accurate as possible?	08:08
		16 A I endeavored to make the statements as truthful and accurate as possible.	08:08
		17 Q Are you aware of any errors or corrections	08:08

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1 Q (BY MR. SIPES) In -- in your opening	09:35	1 obviousness?	09:36
2 report where you opined on the obviousness of the	09:35	2 A Yes.	09:36
3 invention, did you rely on EPANOVA in forming your	09:35	3 Q Okay. Do you -- okay.	09:36
4 opinions?	09:35	4 Do you recall sitting here today whether	09:36
5 A Since I can't remember the specific date,	09:35	5 or not, in forming your opinion of obviousness that	09:36
6 I would have to do further research on that question	09:35	6 you expressed in your opening report, you relied on	09:36
7 to answer that.	09:35	7 Omtryg as part of the prior art?	09:36
8 Q Okay. And similarly, sitting here today,	09:35	8 A You would have to refer me to the specific	09:36
9 is it your opinion that Omtryg is prior art?	09:35	9 point where I do that.	09:36
10 A Again, I don't remember the specific date	09:35	10 Q Okay. I -- I don't find it in your	09:36
11 for that, and so I would have to research that	09:35	11 opening report. But I'm not the master of your	09:36
12 further in order to answer the question.	09:35	12 opinions, which --	09:36
13 Q All right. And do you understand that	09:35	13 A Yeah.	09:36
14 Omtryg is neither Lovaza, nor Epadel?	09:35	14 Q -- is why I asked.	09:36
15 A Yes.	09:35	15 A Okay.	09:36
16 Q And you -- sitting here today, you're not	09:35	16 Q So I take it sitting here today, you do	09:36
17 prepared to answer one way or the other as to	09:35	17 not recall relying on Omtryg in forming your	09:36
18 whether or not, in your opinions of obviousness	09:35	18 opinions of obviousness that you expressed in your	09:36
19 expressed in your opening report, you rely upon	09:35	19 opening report?	09:36
20 Omtryg?	09:35	20 A I do not recall that.	09:36
21 MR. REIG-PLESSIS: Objection to form.	09:35	21 Q Okay. So let's turn to your opening	09:36
22 A Could you be more specific about exactly	09:35	22 report, paragraph 18.	09:36
23 what you are referring to?	09:35	23 A Paragraph 18.	09:36
24 Q (BY MR. SIPES) You -- you recall in your	09:35	24 Q 18, yeah. You state, I have been asked by	09:36
25 opening report, putting together opinions on	09:35	25 counsel to offer my opinions regarding the	09:37
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1 obviousness of the asserted claims from the point of	09:37	1 understanding of what these concepts meant.	09:38
2 view of a person of ordinary skill in the art.	09:37	2 Q You -- in your opening report, you do not	09:38
3 Do you see that?	09:37	3 express any opinions concerning the legal defense of	09:38
4 A Yes.	09:37	4 "anticipation," correct?	09:38
5 Q And the counsel you referred to there	09:37	5 A I don't know what that means. Could you	09:38
6 is -- is defendants' counsel, I take it, correct?	09:37	6 redefine that question, please?	09:38
7 A Yes.	09:37	7 Q I -- you are -- do you have an	09:38
8 Q And as you note in paragraph 25, you are	09:37	8 understanding of the legal defense of	09:38
9 not a lawyer, correct?	09:37	9 "anticipation"?	09:38
10 A Correct.	09:37	10 A Of anticipation? I'm not recalling	09:38
11 Q So you relied upon defendants' counsel's	09:37	11 anything about anticipation.	09:38
12 instructions regarding the legal standards for	09:37	12 Q Okay. So --	09:38
13 obviousness, correct?	09:37	13 A I would have to do further research on --	09:38
14 A Yes, in consultation with the lawyers.	09:37	14 Q Okay.	09:38
15 Q Right. And the -- the legal standards	09:37	15 A -- that point.	09:38
16 that you applied in formulating your opinions on	09:37	16 Q So to the best of your recollection, you	09:38
17 obviousness are set forth in paragraphs 26 to 31 of	09:37	17 are not offering an opinion that the asserted claims	09:38
18 your opening report, correct?	09:37	18 are invalid for anticipation, correct?	09:38
19 A Yes.	09:37	19 A Could you define what you mean by "for	09:38
20 Q And the legal standard you used is the	09:37	20 anticipation"?	09:38
21 legal standard that you set forth from counsel; you	09:37	21 Q Well, I would like to ask the question	09:38
22 didn't rely on your own independent understanding of	09:37	22 here. And if you don't understand anticipation,	09:39
23 obviousness, correct?	09:38	23 that's fine.	09:39
24 A I -- I consulted with counsel, taking	09:38	24 Do you find that you can't answer the	09:39
25 advantage of their expertise, to provide my	09:38	25 question, whether or not you're offering an opinion	09:39

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1 as to whether the claims are invalid for	09:39	1 Q Okay. Was your understanding of lacking	09:40
2 anticipation?	09:39	2 novelty?	09:40
3 A Could you define what "anticipation" means	09:39	3 MR. REIG-PLESSIS: Objection to form.	09:40
4 for me?	09:39	4 A I would go with what is stated in the	09:40
5 Q Anticipation in the patent law refers to	09:39	5 opening report. Could you refer specifically to	09:40
6 invalid under Section 102 of the patent code.	09:39	6 that?	09:40
7 Are you -- do you -- do you believe that	09:39	7 Q (BY MR. SIPES) Where in your opening	09:40
8 you have offered an opinion that the claims are	09:39	8 report do you discuss novelty?	09:40
9 invalid for anticipation?	09:39	9 A I would have to research through here to	09:40
10 MR. REIG-PLESSIS: I object to foundation	09:39	10 find those --	09:40
11 to this line of questions.	09:39	11 Q Okay.	09:40
12 A I -- I would have to have more information	09:39	12 A -- examples.	09:40
13 about exactly what that particular piece of	09:39	13 Q Okay. Do you understand how novelty	09:40
14 information was.	09:39	14 differs from nonobvious -- from obviousness?	09:40
15 Q (BY MR. SIPES) All right. So to the best	09:39	15 MR. REIG-PLESSIS: Objection to form and	09:40
16 of your recollection, you did not rely on legal	09:39	16 foundation.	09:40
17 standards for anticipation in forming your opinions	09:39	17 MR. SIPES: Counsel, we're -- we're just	09:40
18 in this case?	09:39	18 wondering what the scope of his opinions are.	09:40
19 A I -- I can't answer that question, because	09:39	19 MR. REIG-PLESSIS: I can represent that	09:40
20 I don't know what the definition of legal -- of	09:39	20 it's not about anticipation.	09:40
21 "anticipation" is.	09:39	21 MR. SIPES: All right. Thank you.	09:40
22 Q Do you offer an opinion that the asserted	09:40	22 Q (BY MR. SIPES) Now, if you'll turn to	09:40
23 claims -- are -- are you familiar with the legal	09:40	23 paragraph 409 --	09:40
24 concept of "lacking novelty"?	09:40	24 A 409. In the opening report?	09:40
25 A Yes.	09:40	25 Q -- in the opening report --	09:41
Page 96		Page 97	
1 A Okay. Thank you.	09:41	1 A -- details.	09:42
2 Q -- you refer to -- in paragraph 409,	09:41	2 Q And are you familiar with -- sitting here	09:42
3 to "Claim 18B, indefinite because of uncertainty	09:41	3 today, do you recall being instructed on the defense	09:42
4 about the reference to second subject.	09:41	4 of lack of written description?	09:42
5 Do you see that?	09:41	5 A I would have to go back and look at the	09:42
6 A I'm sorry. Which -- which paragraph is	09:41	6 document.	09:42
7 that again?	09:41	7 Q But to the best of your recollection	09:42
8 Q 409.	09:41	8 sitting here today, you did not offer opinions in	09:42
9 Do you see, It is my understanding from	09:41	9 your opening report concerning the defense of lack	09:42
10 counsel, that defendants also contend that second	09:41	10 of written description, correct?	09:43
11 subject is not being defined in Claim 17 -- not	09:41	11 A To the best of my knowledge right now, but	09:43
12 being defined in Claim 17, renders Claim 18	09:41	12 I would have to research that further in order to	09:43
13 indefinite to the person of ordinary skill in the	09:41	13 answer the question.	09:43
14 art as not understanding who the second subject is	09:41	14 Q Now, if you'll turn to your discussion of	09:43
15 in Claim 18?	09:41	15 the claim construction order in the case. That's in	09:43
16 A As I state here, and as you said, in	09:41	16 paragraph 32 of your opening report.	09:43
17 concert with counsel, this is what I understand.	09:41	17 A Okay.	09:43
18 Q Okay. Aside from this issue with	09:41	18 Q You state, It is my understanding that the	09:43
19 Claim 18, you do not express an opinion that any	09:42	19 court entered a claim construction order in this	09:43
20 other claim is invalid as indefinite. Do you recall	09:42	20 case on August 10, 2018, which define the following	09:43
21 forming any opinions about the definiteness of the	09:42	21 claim terms to have the meanings set forth below.	09:43
22 claims?	09:42	22 Do you see that?	09:43
23 A I would have to research this further. I	09:42	23 A Yes.	09:43
24 don't recall those specific --	09:42	24 Q And the understanding you refer to is an	09:43
25 Q Okay.	09:42	25 understanding that came from discussions with	09:43

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1	defendants' counsel? 09:43	1	combinations of these terms are used at different 09:44
2	A Yes. 09:43	2	times throughout the document. 09:44
3	Q And so the -- the definitions that were 09:43	3	Q But in forming your opinions, you 09:44
4	set forth in the Court's claim construction order, 09:43	4	endeavored to apply the Court's claim construction, 09:44
5	those were provided to you by counsel? 09:43	5	correct? 09:44
6	A Yes, they were. 09:43	6	A I did. Correct. 09:44
7	Q And did you apply, in forming your 09:43	7	Q And do you believe that you applied the 09:45
8	opinions, the constructions that are set forth in 09:44	8	claims -- the Court's claim construction in forming 09:45
9	paragraph 32 of your report? 09:44	9	your opinions? 09:45
10	A I did, to the best of my ability. 09:44	10	A To the best of my ability. 09:45
11	Q Okay. And with regard to Subsection C of 09:44	11	Q Okay. Now, in -- in Subsection C, you 09:45
12	paragraph 32, you refer to "claim limitations 09:44	12	state that the "claim terms concern -- concerning 09:45
13	involving LDL-C." 09:44	13	LDL-C are not indefinite." 09:45
14	Do you see that? 09:44	14	Do you see that? 09:45
15	A Yes, I do. 09:44	15	A I do. 09:45
16	Q And one of the constructions for some of 09:44	16	Q That an understanding that came to you 09:45
17	the terms is "without a clinically meaningful 09:44	17	from defendants' counsel? 09:45
18	increase in LDL-C"? 09:44	18	A It is. 09:45
19	A Yes. 09:44	19	Q And you don't dis -- you don't dispute 09:45
20	Q And did you -- is that the meaning that 09:44	20	that in your report, correct? 09:45
21	you applied in forming your opinions in the case? 09:44	21	A Well, I might need more specific examples 09:45
22	A I think it depends on the particular 09:44	22	for what you are referring to. But in general, I 09:45
23	circumstances of the claims. There are many, many 09:44	23	try to adhere to this definition, as advised by my 09:45
24	claims in this particular set of documents and many 09:44	24	counsel. 09:45
25	different arguments, and so I believe different 09:44	25	Q All right. Thank you. Did you review -- 09:45
Page 100		Page 101	
1	scratch that. 09:45	1	A 57. 09:46
2	Let me ask you to turn to your reply 09:45	2	MR. REIG-PLESSIS: That's on page 20. 09:46
3	report. 09:45	3	A Yes. Okay. Repeat the question, please. 09:46
4	A Is this 2 or 3? 09:45	4	Q (BY MR. SIPES) In paragraph 57, you cite 09:46
5	MR. REIG-PLESSIS: It's 3. 09:45	5	to a paper by Bill Harris -- 09:46
6	Q (BY MR. SIPES) It's 3. So for clarity, I 09:46	6	A Yes. 09:46
7	have tried to use -- 09:46	7	Q -- from 2006. 09:46
8	A I know. 09:46	8	Do you see that? 09:46
9	Q -- the terms that you used -- 09:46	9	A Yes. 09:46
10	A I know. 09:46	10	Q Okay. Do you know Bill Harris? 09:46
11	Q -- so that -- Exhibit 2 is your rebuttal 09:46	11	A I do not. 09:46
12	report, and Exhibit 3 is your reply -- 09:46	12	Q Okay. And you quote that the 2006 Harris 09:46
13	A Yeah. 09:46	13	paper is stating, The mechanism by which n-3 [i.e. 09:46
14	Q -- report? Is that consistent with your 09:46	14	omega-3] fatty acids reduced triglyceride levels in 09:47
15	understanding? 09:46	15	humans remains speculative and "an unanswered 09:47
16	A Yes. 09:46	16	question." 09:47
17	Q Okay. All right. Paragraph 57. 09:46	17	Do you see that? 09:47
18	A Yes. 09:46	18	A Yes. 09:47
19	Q In paragraph 57, you cite a paper by Bill 09:46	19	Q And when you refer to "n-3" -- that is, 09:47
20	Harris that was published in 2006. 09:46	20	omega-3 fatty acids -- you include in there DHA and 09:47
21	Do you see -- 09:46	21	EPA, correct? 09:47
22	A Yeah, you -- 09:46	22	A Yes. 09:47
23	Q -- that? 09:46	23	Q And you would include both their ethyl 09:47
24	A -- gave me the wrong thing here. 09:46	24	esters and the free fatty acids, correct? 09:47
25	MR. REIG-PLESSIS: Exhibit 3. 09:46	25	A Yes. 09:47

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1 Q The -- do you have a list of -- of	10:41	1 Q (BY MR. SIPES) All right. In terms of the	10:42
2 products to -- to -- that are FDA approved to treat	10:41	2 list of products that are approved to treat very	10:42
3 very high triglycerides?	10:41	3 high triglycerides, the only product that has been	10:42
4 A Yes.	10:41	4 shown to reduce triglycerides in very high	10:42
5 Q And that's fibrates, niacin, Lovaza,	10:41	5 triglyceride patients without raising LDL-C is	10:42
6 EPANOVA, and Omtryg.	10:41	6 VASCEPA, correct?	10:42
7 Do you see that?	10:41	7 MR. REIG-PLESSIS: Objection to form.	10:42
8 A Yes, I do.	10:41	8 A Can you restate the question so you're --	10:42
9 Q And of course, VASCEPA is also approved to	10:41	9 Q (BY MR. SIPES) There -- you have -- the	10:42
10 treat very high triglycerides?	10:41	10 list of products which have been approved to reduce	10:42
11 A Yes.	10:41	11 triglycerides in very high triglyceride patients is	10:42
12 Q Statins are not approved to treat very	10:41	12 fibrates, niacin, Lovaza, EPANOVA, Omtryg, and	10:42
13 high triglycerides, correct?	10:41	13 VASCEPA, correct?	10:42
14 A Correct.	10:41	14 A Yes.	10:42
15 Q And the reason for that is the TG-lowering	10:41	15 Q Of those products, the only product that	10:42
16 effect of statins is -- is very modest, correct?	10:41	16 has been shown to reduce triglycerides in patients	10:42
17 A I -- I don't think that's quite correct.	10:41	17 with very high triglycerides without raising LDL-C	10:42
18 Q Okay.	10:41	18 is VASCEPA, correct?	10:42
19 A Actually, statins will lower triglycerides	10:41	19 MR. REIG-PLESSIS: Objection to form.	10:42
20 by up to 50 percent in people with high	10:41	20 A Okay. And I -- I would -- I would add --	10:42
21 triglycerides or very high triglyceride levels.	10:41	21 again, we're talking about median changes typically	10:42
22 Q Do you understand why statins are not	10:41	22 in these clinical studies.	10:43
23 approved to treat very high triglycerides?	10:41	23 But oftentimes there are many patients who	10:43
24 MR. REIG-PLESSIS: Objection to form.	10:41	24 do not get these benefits. And you can actually see	10:43
25 A I am not aware of the reason why.	10:42	25 an increase in LDL-C cholesterol, for example, in	10:43
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1 patients, even though the overall means go down or	10:43	1 Q -- it is after 2008?	10:44
2 medians. So I think you have to interpret in	10:43	2 A Yes.	10:44
3 this -- in that context.	10:43	3 Q The MARINE trial demonstrated that VASCEPA	10:44
4 Q (BY MR. SIPES) But focus then on -- on	10:43	4 reduced triglycerides in very high triglyceride	10:44
5 medians. What happens to median patients?	10:43	5 patients without raising LDL-C, correct?	10:44
6 The only product approved for treatment of	10:43	6 MR. REIG-PLESSIS: Objection to form.	10:44
7 very high triglycerides that has been shown to	10:43	7 A It demonstrated that certain specific	10:44
8 reduce triglycerides without raising LDL-C is	10:43	8 doses of VASCEPA, if I recall correctly, had that	10:44
9 VASCEPA, correct?	10:43	9 effect.	10:44
10 A Yes.	10:43	10 Q (BY MR. SIPES) The dose was 4 grams per	10:44
11 MR. REIG-PLESSIS: Objection to form.	10:43	11 day, correct?	10:44
12 Q (BY MR. SIPES) And the study that	10:43	12 A Yes.	10:44
13 demonstrated that is the MARINE trial, correct?	10:43	13 THE COURT REPORTER: 4 grams?	10:44
14 MR. REIG-PLESSIS: Same objection.	10:43	14 MR. SIPES: 4 grams. Why don't we take a	10:44
15 A That's post the 2008 date that we're	10:43	15 break.	10:44
16 talking about here for the patents, are we -- is it	10:43	16 MR. REIG-PLESSIS: Yeah, I was about to	10:44
17 not?	10:43	17 say --	10:44
18 Q (BY MR. SIPES) That -- do you know when	10:43	18 THE VIDEOGRAPHER: This marks the end of	10:44
19 MARINE published?	10:43	19 media file labeled numbered 2. Off the record at	10:44
20 A I think it was in 2004 or 2014. Sometime	10:43	20 10:45 a.m.	10:44
21 around there.	10:43	21 (A break was taken from 10:45 a.m. to	10:44
22 Q It may be around 2010-2011 --	10:43	22 10:59 a.m.)	10:44
23 A Yeah.	10:43	23 THE VIDEOGRAPHER: This marks the	10:52
24 Q -- but --	10:43	24 beginning of media file labeled No. 3. Back on the	10:57
25 A Yeah. Yeah.	10:43	25 record at 10:59 a.m.	10:58

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1 Q (BY MR. SIPES) Let me ask you to turn to	10:58	1 groundbreaking evidence and that VASCEPA builds on	10:59
2 your rebuttal report -- report. That would be	10:58	2 that evidence.	10:59
3 Exhibit 2.	10:58	3 Q And fibrates and niacin have not been	10:59
4 Paragraph 35, you -- you quote Amarin as	10:58	4 shown to reduce cardiovascular risk on top of a	10:59
5 saying that JELIS supports VASCEPA being clinically	10:58	5 statin, correct?	10:59
6 distinct from fibrates or niacin and being uniquely	10:58	6 A That's correct.	11:00
7 positioned to plausibly provide CV benefit to	10:58	7 Q So VASCEPA is the only agent approved for	11:00
8 patients at high CV risk due to their atherogenic	10:58	8 treatment of very high triglycerides that has also	11:00
9 lipid profile, specifically elevated TG despite	10:58	9 been shown to provide cardiovascular benefit to	11:00
10 therapy -- statin therapy.	10:58	10 patients on statin, correct?	11:00
11 Do you see that?	10:58	11 A It's correct to state that it's the only	11:00
12 A Yes.	10:58	12 agent approved by the FDA based on very stringent	11:00
13 MR. SIPES: And -- and just for the sake	10:58	13 clinical -- clinical data, yes.	11:00
14 of the court reporter, JELIS is all caps, J E L I S.	10:58	14 Q Okay. And if you turn to -- to	11:00
15 Q (BY MR. SIPES) Do you agree with this	10:58	15 paragraph 65 of your rebuttal report -- you quote	11:00
16 statement that you quote from Amarin?	10:59	16 Dr. Toth as saying, The fact that VASCEPA avoids	11:01
17 A I believe that JELIS was the first study	10:59	17 substantial LDL-C -- LDL-C increases in persons with	11:01
18 to provide convincing evidence that EPA, as	10:59	18 very high triglycerides gives the doctor the	11:01
19 monotherapy on top of a statin, would lower	10:59	19 flexibility to treat such patients in stepwise	11:01
20 cardiovascular risk.	10:59	20 fashion to start first with VASCEPA as monotherapy	11:01
21 Q And do you think that the showing in JELIS	10:59	21 to address pancreatitis risk; and then once TGs are	11:01
22 supports VASCEPA being clinically distinct from	10:59	22 lowered below 500 milligrams per deciliter, to add a	11:01
23 fibrates or niacin on its basis of being able to	10:59	23 statin, in combination with VASCEPA, to lower	11:01
24 reduce cardiovascular risk on top of a statin?	10:59	24 cardiovascular risk.	11:01
25 A I believe that JELIS provided the	10:59	25 Do you see that?	11:01
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1 A Yes.	11:01	1 Q With respect to -- VASCEPA can be	11:02
2 Q Do you agree with Dr. Toth that VASCEPA	11:01	2 administered to very high triglyceride patients	11:02
3 avoids substantial LDL-C increases in persons with	11:01	3 without raising LDL-C, correct?	11:02
4 very high triglycerides and gives doctors the	11:01	4 A Yes.	11:03
5 flexibility to treat such patients in stepwise	11:01	5 Q And Lovaza will typically increase LDL-C	11:03
6 fashion?	11:01	6 in patients with very high triglycerides, correct?	11:03
7 A It provides one option for doctors to do	11:02	7 MR. REIG-PLESSIS: Objection to form.	11:03
8 that. Although, there can be other options	11:02	8 A Can you restate that question, please?	11:03
9 available as well, such as combining omega-3 fatty	11:02	9 Q (BY MR. SIPES) The -- the prescribing	11:03
10 acids with a statin therapy, for example.	11:02	10 information for Lovaza reports that LDL-C goes up	11:03
11 Q The -- the difference would be with	11:02	11 when administered to patients with very high	11:03
12 Lovaza, the statin would be added initially in order	11:02	12 triglycerides, correct?	11:03
13 to counteract the rising LDL-C seen with Lovaza,	11:02	13 MR. REIG-PLESSIS: Objection to form.	11:03
14 correct?	11:02	14 A Actually, it shows that in some patients,	11:03
15 A Well, I think -- I think the situation is	11:02	15 it goes up with omega-3 fatty acids, so in no way do	11:03
16 a little bit more complicated than that. First of	11:02	16 all patients treated with omega-3 fatty acids have	11:03
17 all, there's no evidence that -- I prefer to call it	11:02	17 an increase in LDL cholesterol.	11:03
18 EPA, since JELIS also showed the same thing.	11:02	18 Q (BY MR. SIPES) Is Lovaza, when	11:03
19 There's no evidence that the benefits of	11:02	19 administered to very high triglyceride patients,	11:03
20 EPA in reducing cardiovascular risk in these	11:02	20 typically prescribed in combination with a statin to	11:03
21 patients relates to changes in LDL cholesterol or	11:02	21 guard against a rise in LDL-C?	11:03
22 triglycerides.	11:02	22 A Say -- I'm sorry. Say it again.	11:03
23 And so I think that the idea that it's	11:02	23 Q Is Lovaza, when administered to very high	11:03
24 working because it's avoiding the increase in LDL-C	11:02	24 triglyceride patients, typically coadministered with	11:03
25 is not substantiated by the clinical data here.	11:02	25 a statin in order to guard against a rise in LDL-C?	11:03

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1 Q (BY MR. SIPES) Can --	02:04	1 say that again.	02:05
2 A Do you --	02:04	2 Q (BY MR. SIPES) Is it your testimony that	02:05
3 Q How would a person of ordinary skill in	02:04	3 from Kurabayashi, the patients who received EPA on	02:05
4 the art determine the effect of EPA alone on LDL	02:04	4 top of estriol, saw greater reductions in LDL-C than	02:05
5 cholesterol, given the results in Kurabayashi?	02:04	5 the control group that received estriol alone?	02:05
6 A Well, what you can conclude in this study	02:04	6 MR. REIG-PLESSIS: Same objection.	02:05
7 is that in a patient treated with estriol, that EPA	02:04	7 A I think what we can conclude is that both	02:05
8 intervention lowers the LDL cholesterol relative to	02:04	8 groups saw a significant decrease in LDL	02:05
9 a person who is taking estriol that didn't get the	02:04	9 cholesterol.	02:05
10 EPA.	02:04	10 Q (BY MR. SIPES) And would the conclusion be	02:05
11 So in other words, this is -- for this	02:04	11 from that that the estriol was decreasing the LDL	02:05
12 specific population where both groups were treated	02:04	12 cholesterol?	02:05
13 with estriol, EPA lowers the LDL cholesterol in	02:04	13 A Not necessarily. And I have noticed in	02:05
14 that -- in that particular --	02:04	14 reviewing the papers for this that a lot of the	02:05
15 Q And --	02:04	15 studies, the LDL cholesterol levels tend to go down	02:05
16 A -- group.	02:04	16 over time.	02:05
17 Q -- and that's what I'm trying	02:04	17 That was observed in JELIS as well. And I	02:05
18 to understand -- so -- and I don't understand -- is	02:04	18 have noticed that in many of the other studies. So	02:05
19 it your testimony that the data in Kurabayashi	02:04	19 there's -- there are other factors that can be	02:05
20 suggests that the group that received EPA on top of	02:04	20 affecting LDL cholesterol in this study.	02:06
21 estriol, saw greater reductions in LDL-C than the	02:04	21 Q But -- but it's fair to say from the	02:06
22 patients who only received estriol?	02:05	22 results presented in Kurabayashi that EPA did not,	02:06
23 MR. REIG-PLESSIS: Objection to form;	02:05	23 in a statistically significant way, reduce LDL-C	02:06
24 mischaracterizes.	02:05	24 cholesterol compared to control?	02:06
25 A Yeah, I'm sorry. You're going to have to	02:05	25 A Okay. I'm having to look at the figure	02:06
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1 legend here, because I think this is a fairly	02:06	1 A -- for a minute? Okay.	02:07
2 technical point.	02:06	2 This is the overall population, I believe,	02:08
3 Yes, okay, I think that's reasonable	02:06	3 in this particular study.	02:08
4 conclusion. It looks like there were similar	02:06	4 Q The -- the baseline triglycerides in	02:08
5 reductions in LDL cholesterol in both groups.	02:06	5 Kurabayashi was 135.6 milligrams per deciliter for	02:08
6 Q Right. Numerically, estriol alone reduced	02:06	6 the EPA group, correct?	02:08
7 LDL-C to a greater extent than estriol plus EPA,	02:06	7 A Yes.	02:08
8 correct?	02:07	8 Q So those are normal triglyceride levels?	02:08
9 A Well --	02:07	9 A They're less than 150 milligrams per	02:08
10 MR. REIG-PLESSIS: Objection to form.	02:07	10 deciliter.	02:08
11 A -- I think the correct interpretation is	02:07	11 Q So Kurabayashi was not conducted in a	02:08
12 there's no statistical difference between the two	02:07	12 hypertriglyceridemic patient population?	02:08
13 groups.	02:07	13 A No.	02:08
14 Q (BY MR. SIPES) Right. The -- which is to	02:07	14 Q If you'll turn to page 523, the right-hand	02:08
15 say the addition of EPA to estriol did not make any	02:07	15 column --	02:09
16 statistically significant difference on LDL-C?	02:07	16 A Yes.	02:09
17 A I think it would be correct to say that in	02:07	17 Q -- there's a sentence that says, The	02:09
18 this particular study in these patients, yes.	02:07	18 proportion of cases showing improvement of	02:09
19 Q And the baseline triglycerides in the	02:07	19 triglyceride levels was 10 percent, 2 of 20, and	02:09
20 Kurabayashi study --	02:07	20 55 percent of 11 of 20 respectively.	02:09
21 A I just want to -- some of these studies	02:07	21 Do you see that?	02:09
22 were in a subset, I believe. Is that correct or is	02:07	22 A Boy, they -- they keep saying the same --	02:09
23 that -- let me just look -- may I look at the	02:07	23 it's -- it's going to take me a minute because they	02:09
24 text --	02:07	24 keep repeating the same phraseology all the way	02:09
25 Q Sure.	02:07	25 through here. Can you repeat that one more time --	02:09

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1 Q Yes.	02:09	1 Q (BY MR. SIPES) -- or what -- what response	02:10
2 A -- for me?	02:09	2 would be considered acceptable?	02:10
3 Q There's a reference to, The proportion of	02:09	3 MR. REIG-PLESSIS: Same objection.	02:10
4 cases showing improvement of triglyceride levels was	02:09	4 A I think, again, it's a very broad	02:11
5 10 percent, 2 of 20, and 55 percent, 11 of, 20	02:09	5 question. And I think that you would have to define	02:11
6 respectively.	02:09	6 more carefully what the clinical population was.	02:11
7 A Okay. Let me just review this. Yes.	02:09	7 You would have to give me additional	02:11
8 Q So at least for those patients that	02:10	8 information about what exact circumstances you're	02:11
9 continued to the end of the study, 45 percent of	02:10	9 talking about. Are these diabetics? Nondiabetics?	02:11
10 them that were on EPA plus estriol did not see	02:10	10 People with heart disease? People without heart	02:11
11 improvements in triglyceride levels, correct?	02:10	11 disease?	02:11
12 A According to the criteria, they don't	02:10	12 I think there's a lot of variables in that	02:11
13 really define here what they mean by "improvement in	02:10	13 equation.	02:11
14 triglyceride levels," and so I think that makes that	02:10	14 MR. SIPES: I think this would be a good	02:11
15 statement somewhat ambiguous.	02:10	15 time for, among other things, a break.	02:11
16 Q So would a person of ordinary skill in the	02:10	16 THE VIDEOGRAPHER: This marks the end of	02:11
17 art in 2008 be able to understand that statement?	02:10	17 media file labeled No. 5. Off the record at	02:11
18 A I think they would say there's -- appears	02:10	18 2:12 p.m.	02:11
19 to be a difference between the two groups, but we	02:10	19 (A break was taken from 2:12 p.m. to	02:11
20 don't know exactly what that means because they	02:10	20 2:27 p.m.)	02:11
21 don't define what they're talking about.	02:10	21 THE VIDEOGRAPHER: This marks the	02:25
22 Q For purposes of developing a treatment for	02:10	22 beginning of media file labeled No. 6. Back on the	02:25
23 very high triglycerides, what response rate would be	02:10	23 record 2:27 p.m.	02:25
24 desirable in the TG-lowering agent --	02:10	24 Q (BY MR. SIPES) I'm going to hand you	02:26
25 MR. REIG-PLESSIS: Objection to form.	02:10	25 Exhibit 16.	02:26
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1 (Exhibit 16 was marked for identification	02:26	1 Q Why, in your opinion, would a person of	02:27
2 and is attached to the transcript.)	02:26	2 ordinary skill in the art, for purposes of the	02:27
3 Q (BY MR. SIPES) Do you recognize Exhibit 16	02:26	3 asserted patents in this case, have had a high level	02:27
4 as U.S. Patent 8,293,728 that is at issue in this	02:26	4 of skill?	02:27
5 case?	02:26	5 A Well, I think evaluating whether or not	02:27
6 A Yes.	02:26	6 something is actually significantly different -- in	02:27
7 Q And are you familiar with the practice of	02:26	7 other words, if something really is a new invention	02:27
8 referring to a patent by its last three numbers?	02:26	8 versus what was present in the art before requires a	02:27
9 A I am.	02:26	9 fairly sophisticated knowledge of biochemistry and	02:27
10 Q So would it be all right if we refer to	02:26	10 physiology.	02:27
11 Exhibit 16 at the '728 Patent?	02:26	11 Q Do you think it would require a	02:27
12 A Yes.	02:26	12 sophisticated knowledge of biochemistry and	02:27
13 Q Now, I want you to look at your reply	02:26	13 physiology --	02:27
14 report, Exhibit 3, paragraph 25.	02:26	14 A Not --	02:27
15 A So where am I looking now?	02:26	15 Q -- okay. Let's --	02:28
16 Q Your reply report, paragraph 25. It's on	02:26	16 A -- I'm stopping. I'm stopping.	02:28
17 page 7.	02:27	17 Q Did you develop your -- your definition of	02:28
18 A I'm trying to move the paper away from	02:27	18 a person of ordinary skill in the art based on what	02:28
19 myself. Okay. Yes.	02:27	19 would be required to evaluate the patentability of	02:28
20 Q In the first sentence of paragraph 25, you	02:27	20 the invention claimed in the asserted patents?	02:28
21 state, To be clear, under my definition, a POSA	02:27	21 MR. REIG-PLESSIS: Objection to form.	02:28
22 would have had a high level of skill relevant to the	02:27	22 A I think it would be required to evaluate	02:28
23 asserted patents.	02:27	23 the totality of the evidence that's supporting	02:28
24 Do you see that?	02:27	24 the -- the claims of the patent, would be my	02:28
25 A Yes.	02:27	25 evaluation.	02:28

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1	Q (BY MR. SIPES) All right. And what sort	02:28	1	They would have to have a detailed familiarity with	02:29
2	of knowledge would be required to evaluate the	02:28	2	the literature, and they would have to have some	02:29
3	evidence supporting the claims of the patents?	02:28	3	basic knowledge of pharmacology and biochemistry.	02:29
4	A Well, I think we outline it here. I would	02:28	4	Q And when you say to have "practical"	02:29
5	probably pretty much stick with what the definition	02:28	5	experience in the field," what -- if somebody wasn't	02:29
6	here is, as --	02:28	6	a medical doctor, that experience would not involve	02:29
7	Q And --	02:28	7	treating patients, correct?	02:30
8	A -- as outlined in paragraph 25.	02:28	8	A Well, that would not involve prescribing	02:30
9	Q Okay. So that would require a knowledge	02:28	9	treatment for patients.	02:30
10	of -- of lipid biochemistry, correct?	02:29	10	Q Okay.	02:30
11	MR. REIG-PLESSIS: Objection to form;	02:29	11	A So for example, let's just imagine a Ph.D.	02:30
12	mischaracterizes.	02:29	12	They might not be able to write a prescription for	02:30
13	A Yeah, I -- I think the way this is meant	02:29	13	treating a patient, but I know Ph.D.s in the field	02:30
14	to explain it is -- is there could be different	02:29	14	who are extremely knowledgeable about many, many	02:30
15	areas within this context -- in this definition.	02:29	15	different aspects of -- of this area and would be	02:30
16	You wouldn't necessarily have to have every single	02:29	16	capable of making a very well-informed judgment.	02:30
17	one of these things.	02:29	17	Q And would a person with a Ph.D. evaluating	02:30
18	Q (BY MR. SIPES) Do you believe that you	02:29	18	the evidence supporting the invention, consult with	02:30
19	would need a medical degree?	02:29	19	a physician or other medical doctor?	02:30
20	A I do not.	02:29	20	A Not necessarily. I think, again, it	02:30
21	Q Okay. If -- if a person didn't have a	02:29	21	depends on your experience.	02:30
22	medical degree, what would they need to evaluate the	02:29	22	And as I'm learning in this -- this	02:30
23	evidence in the patent?	02:29	23	session right here with you guys, as well as my	02:30
24	A I think they would have to have extensive	02:29	24	interactions with my team, lawyers can have a very	02:30
25	experience in the lipid field, practical experience.	02:29	25	good knowledge of what's going on in this area	02:30
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1	because they're extremely familiar with the	02:30	1	And since we're measuring so many	02:32
2	literature and they know a lot of the wrinkles	02:31	2	different things in so many different people, trying	02:32
3	relevant to it.	02:31	3	to interpret that data would require someone with	02:32
4	So I think it's really a matter of what	02:31	4	biostatistical expertise. And for example, we get	02:32
5	exactly their knowledge is.	02:31	5	that kind of expertise when we need it.	02:32
6	Q Okay. But -- but you're not suggesting a	02:31	6	On the other hand, if you're trying to	02:32
7	person of ordinary skill in the art would need	02:31	7	interpret many clinical studies, I think that you	02:32
8	excess to a lawyer, I take it?	02:31	8	don't necessarily need a strong biostatistical	02:32
9	A No. No.	02:31	9	background. And even just taking it at more or less	02:32
10	Q Yeah. Okay. You don't include within the	02:31	10	face value, the p-values. And assuming that they	02:32
11	skill set of the -- of the team to which a person of	02:31	11	have a reasonable understanding of -- of statistics,	02:32
12	skill would have access, a biostatistician, I take	02:31	12	what a p-value test is, what a -- what some of the	02:32
13	it?	02:31	13	standard tests are, that might be adequate. So it	02:32
14	MR. REIG-PLESSIS: Objection to form.	02:31	14	very much depends on the exact -- on the exact	02:32
15	A I think that would depend on the	02:31	15	nature of what it is you are trying to -- to do.	02:32
16	particular circumstances. And I -- really trying to	02:31	16	Q Okay.	02:32
17	specify every single thing that you need to	02:31	17	A I think it's a -- it's a complicated area.	02:32
18	understand these things depends on the precise	02:31	18	Q The patent describes a -- a clinical study	02:32
19	circumstances of what's being evaluated and what's	02:31	19	of 4 grams of EPA, correct, in Column 13 --	02:32
20	involved.	02:31	20	MR. REIG-PLESSIS: Objection to form.	02:32
21	So in some circumstances you -- you might	02:31	21	Q (BY MR. SIPES) -- the -- the patent -- the	02:32
22	need to have a very detailed evaluation of	02:31	22	'728 Patent?	02:32
23	biostatistics. And for example, in my area -- one	02:31	23	A I'm sorry? Where is that?	02:32
24	my areas of research, we do very large numbers of	02:31	24	Q It's Exhibit --	02:32
25	protein measurements in lipoproteins.	02:32	25	A Oh --	02:33

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1 Q -- 16.	02:33	1 Q -- pure ester?	02:33
2 A -- right in front of me. And correct me	02:33	2 A -- yeah, pure. 9 -- greater than	02:34
3 if I'm wrong here, but that would be under the	02:33	3 96 percent pure EPA and ester of that form of the --	02:34
4 claims?	02:33	4 the --	02:34
5 Q No. No. No. Column 13, the example.	02:33	5 Q And that --	02:34
6 A Okay. Please restate the question.	02:33	6 A -- fatty acid.	02:34
7 Q The -- the example describes a	02:33	7 Q -- and the -- and what the patent is	02:34
8 placebo-controlled, randomized, double-blind 12-week	02:33	8 describing in the example is the administration of	02:34
9 study with open-label extension conducted on EPA,	02:33	9 pure EPA to patients with fasting triglyceride	02:34
10 correct?	02:33	10 levels of 500 and above, correct --	02:34
11 MR. REIG-PLESSIS: Objection to form;	02:33	11 MR. REIG-PLESSIS: Objection to form.	02:34
12 mischaracterizes.	02:33	12 Q (BY MR. SIPES) -- 500 milligrams per	02:34
13 A I -- I think I would have to go with what	02:33	13 deciliter above, correct?	02:34
14 the text says. It says a placebo -- a multicenter	02:33	14 MR. REIG-PLESSIS: Same objection.	02:34
15 placebo -- it says what it says. I would go with	02:33	15 A Well, I can quote what it says, With	02:34
16 the --	02:33	16 fasting triglyceride levels of greater than or equal	02:34
17 Q (BY MR. SIPES) Right.	02:33	17 to 500 milligrams per deciliter and less than or	02:34
18 A -- text there.	02:33	18 equal to 1,500 milligrams per deciliter with	02:34
19 Q And "AMR101," do you understand the	02:33	19 definitions provided as well in millimoles per	02:34
20 reference to "AMR101 in '728 Patent?"	02:33	20 liter.	02:34
21 A I do.	02:33	21 Q (BY MR. SIPES) So would a person of	02:34
22 Q And what is AMR101?	02:33	22 ordinary skill in the art in light of the study	02:34
23 A EPA --	02:33	23 described there, do you believe that would require	02:34
24 Q That -- that's --	02:33	24 consultation with a biostatistician to interpret the	02:34
25 A -- ester --	02:33	25 results of that study?	02:34
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1 MR. REIG-PLESSIS: Objection to form and	02:34	1 statistical significance does not necessarily mean	02:36
2 as to "results."	02:34	2 it's clinically significant. Right.	02:36
3 A I mean, there's a lot of things that are	02:35	3 So I think, again, that requires judgment	02:36
4 missing from this particular statement. So again,	02:35	4 about what the overall context in the field is and	02:36
5 you're making some very broad statements.	02:35	5 what a significant improvement would be.	02:36
6 You don't specify what the number of	02:35	6 Q And would -- judgments about the clinical	02:36
7 subjects studied is going to be. You don't discuss	02:35	7 significance of the results, that would require a	02:36
8 what your power calculations are. You don't specify	02:35	8 medical degree?	02:36
9 what you're going to consider significant and	02:35	9 A Not necessarily. I think -- I know	02:36
10 nonsignificant. So this is -- I mean, this is sort	02:35	10 Ph.D.s. I have worked with Ph.D.s that I felt were	02:36
11 of a very bare-bones description of what -- what you	02:35	11 qualified to make that kind of a judgment.	02:36
12 would really need to do to evaluate that.	02:35	12 Q And --	02:36
13 Q So when you were defining your person of	02:35	13 A And I will mention in passing: I know	02:36
14 ordinary skill in the art, were you taking into	02:35	14 M.D.s that are not qualified to make that kind of a	02:36
15 account the skill that would be necessary to	02:35	15 judgment, so I don't think it's really whether you	02:36
16 evaluate the results?	02:35	16 have a Ph.D. or an M.D. Yeah.	02:36
17 A Yes.	02:35	17 Q Did you, in -- in determining what the	02:36
18 Q Okay. And in your view, that would	02:35	18 skill level is "of a person of ordinary skill,"	02:36
19 require a high level of skill?	02:35	19 evaluate the level of skill of the inventors named	02:36
20 A No. In my view, it would require more	02:35	20 on the patent?	02:36
21 information and an adequate technical background.	02:35	21 A I did not.	02:36
22 It -- and again, you're making very broad	02:35	22 Q Okay. Do you know the skill level of the	02:37
23 statements here, and I think the issue very much	02:35	23 inventors named on the patent?	02:37
24 depends on the particulars.	02:35	24 A I do not.	02:37
25 And I'll also add that just achieving	02:35	25 Q Okay. At this time in March of 2008, do	02:37

<p>1 at 4:12 p.m. 04:11 2 04:11 3 (TIME NOTED: 4:12 p.m.) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p>1 2 3 4 I, JAY W. HEINECKE, M.D., do hereby declare 5 under penalty of perjury that I have read the 6 foregoing transcript; that I have made any 7 corrections as appear noted, in ink, initialed by 8 me, or attached hereto; that my testimony as 9 contained herein, as corrected, is true and correct. 10 EXECUTED this _____ day of _____, 11 20_____, at _____, _____. (City) (State) 12 13 14 15 JAY W. HEINECKE, M.D. 16 17 18 19 20 21 22 23 24 25</p>
<p>1 2 I, MARY J. GOFF, CSR No. 13427, Certified 3 Shorthand Reporter of the State of California, 4 certify; 5 That the foregoing proceedings were taken 6 before me at the time and place herein set forth, at 7 which time the witness declared under penalty of 8 perjury; that the testimony of the witness and all 9 objections made at the time of the examination were 10 recorded stenographically by me and were thereafter 11 transcribed under my direction and supervision; that 12 the foregoing is a full, true, and correct 13 transcript of my shorthand notes so taken and of the 14 testimony so given; 15 That before completion of the deposition, 16 review of the transcript (XX) was () was not 17 requested: () that the witness has failed or 18 refused to approve the transcript. 19 I further certify that I am not financially 20 interested in the action, and I am not a relative or 21 employee of any attorney of the parties, nor of any 22 of the parties. 23 I declare under penalty of perjury under the 24 laws of California that the foregoing is true and correct, dated this 30th day of July, 2019.</p> <p>25 MARY GOFF</p>	<p>1 2 DATE OF DEPOSITION: 3 NAME OF WITNESS: 4 Reason Codes: 5 1. To clarify the record. 6 2. To conform to the facts. 7 3. To correct transcription errors. 8 Page _____ Line _____ Reason _____ 9 From _____ to _____ 10 Page _____ Line _____ Reason _____ 11 From _____ to _____ 12 Page _____ Line _____ Reason _____ 13 From _____ to _____ 14 Page _____ Line _____ Reason _____ 15 From _____ to _____ 16 Page _____ Line _____ Reason _____ 17 From _____ to _____ 18 Page _____ Line _____ Reason _____ 19 From _____ to _____ 20 Page _____ Line _____ Reason _____ 21 From _____ to _____ 22 Page _____ Line _____ Reason _____ 23 From _____ to _____ 24 25 _____</p>